

SHALOM HEALTH CARE CENTER
“BACK-TO-SCHOOL” FAMILY HEALTH FAIR
SATURDAY, AUGUST 2, 2014 10 AM TO 2:00 PM

REGISTRATION FEE: \$25.00 NON-PROFIT / \$50.00 FOR-PROFIT

SPACE IS LIMITED. PLEASE REGISTER BY MAY 15, 2014, TO SECURE YOUR SPACE.

ORGANIZATION INFORMATION:

Organization Name

Address

City

Zip

Contact Person

Phone

Email

Describe your booth or display:

Will you offer some sort of health screening? If so, what kind?

Will you feature an activity or demonstration? If so, describe.

What kind of giveaways will you bring?

What can you offer for a prize donation?

Please note all staff that will be representing you at your booth, along with their credentials:

Does your organization have any special needs or other requirements?

RELEASE AND WAIVER OF LIABILITY – PLEASE SIGN AND DATE

I, the undersigned representative of Organization listed above, being legally competent, hereby release Shalom Health Care Center, Inc. and any and all of its agents, officers, directors, and employees from any and all claims or liabilities which might arise out of our participation in the 2014 Shalom Health Care Center “Back-to-School” Family Health Fair.

Signature

Date

**PLEASE MAKE YOUR CHECK PAYABLE TO: SHALOM HEALTH CARE CENTER,
3400 LAFAYETTE ROAD, SUITE 200, INDIANAPOLIS, IN 46222**

CALL HILDA AT 317-291-7422, EXT. 1311 WITH ANY QUESTIONS HBRADY@SHALOM-HCC.ORG